CITY OF SHOREVIEW MASSAGE THERAPY ESTABLISHMENT LICENSE

Application

Applicant's Name:			
last	first	middle	
Other names by which applicant or aliases).	has been known (maiden name, name	es from previous marriages,	
Present address:			
street		apt. #	
city	state zip code	telephone	
FEIN, MN Tax ID, or SSN requi	ired		
Driver's license number:	St	State of issue:	
Name and address of establishme	ent where massage therapy will be con	nducted:	
	racticed in an establishment licensed be brovided above is true to the best of m		
	ate of this application. I have receive of Shoreview and understand the condment license.		
Signature of applicant		Date	
	without proof of insurance and are at a of application submittal for process		
For office use only:			
Application fee received Proof of insurance received Investigation complete			

City of Shoreview Consent for the Release of Information In Accordance with MSA 13.05, subd. 4(d)

I,	, authorize the Ramsey County Sheriff's		
Office to release criminal history data, as defi	ined by Minnesota Statute 13.87, subd. 1 and		
driver's license and traffic record data to the	Deputy Clerk for the City of Shoreview. I		
understand that some of this data may be clas	ssified as private data under Minnesota statutes and I		
hereby give my informed consent to the relea	se of that private data by the Ramsey County		
Sheriff's Office to the Deputy Clerk for the C	City of Shoreview.		
This consent for the release of data is for the	purpose of obtaining a permit or license with the		
City of Shoreview. This information cannot be			
This authorization may be revoked in writing	by me at any time and in no event will it be valid		
for more than one year from the date below.	, . ,		
Signature of Individual Authorizing Release	Date		
Please complete the following informa			
Full Name (please print)			
First	full middle name last		
Home Address			
Date of Birth	Sex		
Driver's License state & number	<u>-</u>		
Please list any other names you are or have be	een known by:		
•	n are true and complete. I understand that any false sufficient cause for rejection of my permit or		
license.	J J I		
I hereby authorize the City of Shoreview to u obtaining a license or permit.	se this information to determine my suitability for		
Signature of Applicant	Date		

CERTIFICATION OF COMPLIANCE MINNESOTA WORKERS' COMPENSATION LAW

Minnesota Statute, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This will be collected by the licensing agency and retained in their files.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name:			
	(<u>NOT</u> the insurar		
Policy Number:			
Dates of Coverage:	to		
	or		
I am not required to have worked () I have no employees.	ers' compensation liability cover	rage because:	
() I am self-insured (include	de permit to self-insure)		
· ·	no are covered by the workers' c n and certain farm employees)	ompensation law (these include:	
•	ovided above is accurate and corpt in effect at all times as require	*	
Applicant's Name:			
Business Name:			
		Zip:	
Signature:	Date:		